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Date: July 26, 2005

No. of Pages: 19

TO:

COMPANY: USPTO

FAX: 571-273-8300

FROM: Robert W. Mason

DEPARTMENT: Legal/IP

FAX: 210 255 6969

PHONE: (210) 255-6271

RE: App. No. : 09/937,942
Inventor : Johnson, Royce
Filed : October 2, 2001
Confirmation No. : 8824
Customer No. : 30159
Title : NEGATIVE PRESSURE WOUND THERAPY SYSTEM
WITH PROVISION FOR INTRODUCTION OF AGENT

Enclosed please find the following for filing in the referenced matter:

1. Transmittal Form;
2. Response to Final Office Action of May 26, 2005

I hereby certify that the attached correspondence is being facsimile transmitted to the above number (571-273-8300) on July 26, 2005.

Respectfully submitted,

Robert W. Mason

Reg. No.: 42,848

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

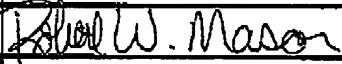
Total Number of Pages in This Submission

Application Number	09/937,942
Filing Date	October 2, 2001
First Named Inventor	JOHNSON, Royce
Art Unit	3781
Examiner Name	TRUONG, Linh T.
Total Number of Pages in This Submission	VAC.483.US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

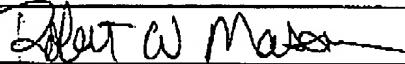
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KINETIC CONCEPTS, INC.		
Signature			
Printed name	Robert W. Mason		
Date	07/26/2005	Reg. No.	42,848

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Robert W. Mason

Date 07/26/2005

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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App. No. : 09/937,942 Confirmation No. 8824
Inventor : JOHNSON, Royce, W.
Filed : October 2, 2001
Group Art Unit : 3761
Examiner : TRUONG, Linh T.
Docket No. : VAC.483. US
Customer No. : 30159
Title : NEGATIVE PRESSURE WOUND THERAPY SYSTEM WITH
PROVISION FOR INTRODUCTION OF AGENT

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TRANSMISSION/ MAILING**
37 C.F.R. § 1.8

Response to Final Office Action Of May 26, 2005

Dear Sir or Madam:

In response to the Final Office Action of May 26, 2005, Applicant submits this Response in an effort to advance the progress of the application, and in an effort to provide the Examiner with details as to why the stated combination of references do not render obvious the present invention as claimed.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.